

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 592997

FILING DATE

9:15-86

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	4		1			
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	2					
16	1					
17	1					
18						
19						
20						
21						
22						
23						
24						
25	1	1	1			
26	1		1			
27	1		1			
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49						
50						
TOTAL IND.			4			
TOTAL DEP.		33				
TOTAL CLAIMS		37				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						